



# 2023 EXHIBITOR CONTRACT

EMBASSY SUITES – LAVISTA CONFERENCE CENTER | APRIL 21, 2023

RETURN FORM TO: 7160 SOUTH 29TH STREET, SUITE 1, LINCOLN, NE 68516 (MAIL) • 402-476-2641 (FAX) • JODY@NEDENTAL.ORG (EMAIL)

Company Name \_\_\_\_\_

(Print name as you would like it to appear)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Key Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

### Booth Selection:

Booths are sold on a first-come, first-serve basis. Please review the booth layout on the NDA website at [www.nedental.org](http://www.nedental.org) for available booths and to ensure the booth you are requesting is still available.

Booth #: \_\_\_\_\_ Booth #: \_\_\_\_\_ Booth #: \_\_\_\_\_

### Electrical:

Electrical needs to be ordered and paid for separately through the Embassy Suites / LaVista Conference Center. See order form in this packet and on the NDA website.

### Exhibitor Personnel:

Please list the names of representatives who will be staffing your booth. Please print clearly as this list will be used to prepare name badges.

Badge #1 \_\_\_\_\_

Badge #2 \_\_\_\_\_

Badge #3 \_\_\_\_\_

Badge #4 \_\_\_\_\_

Badge #5 \_\_\_\_\_

### Description of Product or Service:

\_\_\_\_\_

### Booth Total:

# OF BOOTHS	PRICE PER ITEM	TOTAL
Booth _____	x \$600.00 =	\$ _____
Additional boxed lunches _____ @ \$20 each =		\$ _____
<input type="checkbox"/> Corporate Sponsor		\$ _____
<b>TOTAL AMOUNT DUE: \$ _____</b>		

(Please fill out separate sponsorship form)

### Payment Method:

***Payment in full must accompany contract! The NDA will consider only those contracts that are completed, signed, and accompanied by payment. Partial payments are not accepted.***

Check enclosed made payable to:  
Nebraska Dental Association

American Express    Discover    Mastercard / VISA  
(please circle type)

Amount to be charged: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### Agreement:

The undersigned hereby contracts for exhibit space at the 2023 Nebraska Dental Association Annual Session and agrees to abide by the provisions of the Rules, Regulations and Information as published. All provisions of the official Rules, Regulations and Information are hereby incorporated herein by reference. Violations of this agreement will subject the exhibitor to penalties outlined herein, which may include forfeiture of booth space and/or booth fees. No refunds after February 14, 2023.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_